



Columbia Historical Society
Membership • April 2016 - March 2017

Name: _____

Address: _____

(Mailing address — Street or P.O. Box)

City or Town & Zip Code: _____

Email: _____ Phone: _____

Type of Membership: Individual (\$10.00/year) Family (\$20.00/year) Life (\$100.00)

In addition to the membership fee, I would also like to make a donation (*optional*) to support the projects and programs of the Columbia Historical Society, Inc.

A payment for membership \$_____ and a donation of \$_____ is included on an enclosed check for a TOTAL \$_____.

Make check payable to: *Columbia Historical Society, Inc.*

Mail to: Columbia Historical Society, Inc., P.O. Box 551, Columbia, CT 06237

Your gift is deductible as a charitable contribution only to the extent that it exceeds the value of goods and/or services you received in exchange for your gift. The above information should serve as a receipt in accordance with Internal Revenue Service guidelines.
